



EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)/CHILD READY MONTANA

Advisory Committee

MARCH 11, 2014 MEETING MINUTES

10:00 AM - 2:00 PM

MEETING INFORMATION:

In person: 1400 Broadway, Cogswell Building, Room C207/209

Video Conference: Mansfield Center, St. Vincent Healthcare -Billings

Conference Call - correct call information sent out prior to meeting

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Guiding and providing oversight to the EMS & Trauma Section to improve outcomes in the critically ill and injured child by enhancing pediatric emergency care capabilities and promoting pediatric illness/injury prevention initiatives within our state. Committee composed of representatives from professional health care organizations, child advocate organizations, community service agencies and others vested in the care of children.

CHILD READY MT -STATE PARTNERSHIP OF REGIONALIZED OF CARE (SPROC)

The intent of the program is to develop an accountable, culturally competent, and assessable emergent care system for pediatric patients across Montana, which will result in providing the right care, at the right time, in the right place.

INTRODUCTIONS- roll call of members

Helena: Robin Vanhemelryck, FAN Chair; Dayle Perrin-Hospital Preparedness Manager; Jeannie Penner, School Nurses' Association; Doris Barta, ST. Vincent's Telehealth Coordinator; Jim DeTienne, EMS&Trauma Section Supervisor; Alyssa Sexton, RN, EMS&T Trauma Systems Manager; Carol Kussman, RN, EMS&T Trauma Coordinator Project Director; Robin Suzor, EMS For Children Program Manager; Joe Hansen, EMSC FAN; Carol Beam, St. Vincent Healthcare; Lorna Dyk, St. Vincent Healthcare; Jayne Rogers and Clint Loss from MEMSA; Gail Beckner (HMHB); Juanita Bueter, Gardiner School Nurse and EMS Trainer; Tina Frisch-Eblen, MHA; Melissa Lavinder, MT CTF Representative.

Bozeman: Erin Bulls, EPI contractor, MSU Professor

Billings: Kassie RunsAbove, Child Ready MT Program Manager; Andrew Goss, Billings Clinic Injury Prevention Coordinator; Kristy Conroy, St. Vincent's AED Grant Coordinator and Child Ready Assistant; Stacey Stellflug, MSU Billings

Absent: Bobbi Perkins, Injury Prevention Coordinator; Shari Graham, Paramedic and EMS Systems Manager Lori Rowe, MT DPHHS FICMR Coordinator; Kimberly Hardwick, RN Children's Special Health Care Needs Representative (need to recruit new member representative as Kim is no longer in position per committee members comments); Kurt Sager, Highway Patrol

Representative; Karl Rosston, MT DPHHS Suicide Prevention Coordinator; Harry Sibold, MD, FACEP, State EMS Medical Director;

Jim DeTienne gave a short recap of the SPROC grant for new and continuing Committee members.

The overall goal of the **EMS for Children State Partnership** program is to institutionalize pediatric emergency care within the larger EMS System. This will be accomplished through implementation of performance measure standards that assure the following are achieved:

- Nationally-recommended pediatric equipment are readily available in ambulances;
- Prehospital providers receive pediatric-focuses training regularly and frequently to assure they are prepared to manage pediatric medical and traumatic emergencies;
- Prehospital providers have access to pediatric medical direction whenever needed to assure the right care at the right time;
- Hospitals are equipped to medically-manage pediatric medical and traumatic emergencies;
- healthcare facilities have well-defined guidelines and clearly understood processes that assure the immediate transfer of children to the most appropriate facility when medically-necessary; and
- That emergency medical service for children priorities are institutionalized with the State EMS System.
- An additional goal is to ensure that family-centered/patient-centered care is part of both prehospital and hospital phases of care for all children.

The overall goal of the Child Ready MT is to implement a replicable regionalized system of healthcare for Montana children. Specific objectives include:

- Establishing and solidifying structure for program execution.
- Examining capabilities of each component of the healthcare system to optimize the sharing of resources.
- Developing and implementing processes to manage and treat acutely ill and severely injured children.
- Developing and implementing processes to provide pediatric specialty services for children requiring access to a higher level of service while providing clinical support and expertise that may facilitate keeping the child in the home community when the child's condition allows; and
- Facilitating access to and retrieval of clinical data to ensure safe, timelier, efficient, effective, and equitable and patient-centered care.

Copies of minutes from the December meeting 2013 were distributed and a short recap was given.

SPROC/CHILD READY Grant Objectives overview -report on all 6 SPROC grants (AZ, NM, AL, PA, and CA. Recap of SPROC December conference call. Committee member asked which hospitals have received pediatric recognition and what the benefits are. Discussion on how to include pediatric ready hospitals in future plans. Dayle commented on new changes from CMS for Medicaid and CHIP and this is a great opportunity to "write" these into the policies. **A future meeting with Kassie, Dayle and Robin will be scheduled to discuss this issue further.**

MT SPROC Report- Child Ready MT -Kassie; Schedule over view of remaining sites. April scheduled to visit/mock code Big Timer, Columbus, Harlowton, and White Sulfur. May: Roundup Lewistown, Glendive, Ekalaka, Terry and Baker, Browning Choteau, Conrad, Big Sandy, Shelby, Showed recent Video of Mock codes for review. The video will be used at the western sites. Site visits and mock codes will be completed by May 31st. Site Visits and Mock codes will be evaluated by Erin. Key findings will be presented at the next meeting. Diversity trainings are being developed. Updates will be sent out.

Committee member commented on perhaps having a PALS trained nurse in the video.

Discussion of SPROC Child Ready MT Regionalization of pediatric care grant priorities and strategies 2013-2016 document lead by Jim DeTienne; Advisory Committee viewed entire document and discussed each component. Changes in verbiage in different sections were given, simplify other sections. Jim will revise the document and distribute to committee members. The June Advisory Committee meeting will discuss the 2014-2015 strategic plans in more detail.

For reference Robin distributed EMSC SPROC Federal Fact Sheet; Regionalization of Care for the Pediatric Patient Federal report including processes, outcomes, IOM's Report; Background information; activities supported; and anticipated challenges; Guidelines for the Care of Children in the Emergency Department checklist; Federal SPROC logic model (Committee member stated that this is a good "picture" of the SPROC goals.) Committee member also suggested that a copy of the narrative portion of the original grant application be sent electronically to the committee members for reference.

Copies of the Performance measures both MCHB and EMSC (SPROC) were handed out to the members along with the crosswalks to the Healthy People 2020 goals. Members discussed how the measures were "measured" and reported on. EMSC Progress Report is due June 2014 and a copy of the report will be distributed at the June meeting.

Discussions regarding public schools and EMS/disaster plans; need to make sure school nurses' are included in the care of children. Upgrading the guidelines for schools in emergency situations is needed. The current "Guidelines" are over 10 years old.

EMSC report-

Reviewed data summary reports:

- ✓ Barriers (cost of training, unawareness of national guidelines, lack of educational resources, etc.)
- ✓ Air Equipment (laryngeal mask airways sizes 1, 2.5, 3.0; partial non-breather masks child sized; tracheostomy tubes size 3.0 mm, etc.)

Advisory Committee continued discussion on best way to distribute equipment/supplies purchased with the EMSC funds. Equipment/supplies distribution will be a one-time EMSC event to hospitals and EMS providers. Pediatric equipment will help ensure the reduction of pediatric mortality and morbidity in Montana if Prehospital services and EDs have access to all equipment to ensure pediatric readiness. Member suggested using the hospital specific data and EMS provider results to distribute the needed or lacking equipment. Information was given regarding

Broselow Tapes-information on the newest version of the Broselow tape and availability to EMS providers and EDs. Length-based tapes are important for medical dosages and to improve error rates. Reported that not all have the current version (2011) and EMSC and SPROC are distributing them.

In response the report on **Barriers** specifically the lack of educational resources and lack of trained (pediatric) staff, the EMSC sponsored a Pediatric Trauma Webinar with the Akron OHIO Children's Hospital. Initially offered 12 slots, but due to the overall response rate, EMSC sponsored 29 participants for the total cost of \$1,000. Alyssa and Carol reported on the content and the webinar format of the 7 hour webinar. Participants received 7 CEUs. More webinars will be offered in the future as funds are available.

Interfacility Transfer Guidelines- reported that hard copies of guidelines were sent to all Montana hospitals in October 2013, also located on the EMSC web page. Guidelines included a template checklist. Reported that this is a living document and Kassie is assisting in the development of more family centered transfer agreements and changes needed. This is one of the Performance measures

Robyn VanHemelryck gave a report on the February **Health Literacy Train the Trainers Training**. Reported on participants/organizations such as Day Care Providers, Home visitors, School nurses, Public Health Nurses, Community-based organizations from across MT. Member asked regarding any future obligations of trainers. Robin reported that "informally" the trainers were asked to implement at least one training a year. Discussion ensued regarding funding and future costs. A list of the trainers will be available at the June meeting.

Alyssa commented that she received the book "What to do when your Child is Sick" when her daughter was born (at the hospital.) Commented that the book was a good resource and asked if the book could be given to all new parents in MT. EMSC will look into the possibility.

Gail Beckner explained on how the MT CTF and the HMHB programs are working on **PURPLE** Montana and SBS/AHT education. She reported that 18 of the birthing hospitals are PURPLE, and they are working on collaborating with the rest. Gail is interested in working collaboratively with EMSC to develop SBS/AHT training for both hospitals and EMS and offer CEU credits (possible future project.) She offered free Purple Crying DVDs to those who were interested.

Joe Hansen reported on **IRECC** and gave a presentation on family-centered care, policies, and procedures that may work in MT. A continuing discussion on family-centered care both Hospital and EMS will on the agenda at the June 2014 meeting.

Other Business-

- ✓ What is the technology available in MT? Tony, IHS Telehealth Director stated we might want to start with less technology in smaller communities. Can we use smart phones or regular conference calls for pediatric consultations? Is this more practical in smaller community hospitals? Should we utilize a lesser technological method or use carryover funds to purchase telehealth equipment or establish

inventory center if approved by HRSA? December meeting -did not discuss at March meeting.

- ✓ More training is needed; **Pediatric Advanced Life Support (PALS)** is of interest and pertains to assessment in Emergency Departments (EDs) and prehospital settings. **Emergency Nurses Certification (ENC)** is also a good training curriculum. **Emergency Pediatric Care (EPC) was offered in February-discuss further at the June meeting.**
- ✓ Need to expand EMSC/Child Ready MT Committee members to include the Western and Central services and hospitals. Jim DeTienne stated that members need to be recruited from pediatric specific areas (specifically Missoula's Community Hospital and Benefis in Great Falls.) We need to work on getting a better representation for future endeavors. Per HRSA need to consider inclusion of IHS and Tribal EMS representation in the implementation of the SPROC project via inclusion in the project's Advisory Committee. **Members also commented on need to have a representative from Denver's Children's Hospital as stipulated in the application.**

NEXT MEETING DATE (June 2014 in person meeting in Helena at 1400 Broadway, C209) A four-hour meeting is planned 10:00 am-2:00 pm. Initial date was June 12, but that date was a conflict with other EMS&Trauma meetings. Dates of June 11 or 13th was sent to members.